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(Depositor's name (Signature)

APPLICATION NO.	FILING DATE		FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/646,899	10/10/2000	1	Tomoko Maeda	197679US0PCT	6173

TITLE OF INVENTION: METHODS FOR ISOLATION OF OSTEOCLAST PRECURSOR CELLS AND INDUCING THEIR DIFFERENTIATION INTO OSTEOCLASTS

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	ISSUE FEE PUBLICATION		TOTAL FEE(S) DUE	DATE DUE	
nonprovisional	NO	\$1330	330 \$0		\$1330	03/18/2004	
EXAMINER AF		ART UNIT	ART UNIT CLASS-SUBCLASS			- Turker of the mask of the sign of the si	
AFREMO	OVA; VERA	1651	. (	435-029000			
1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).			2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or				
☐ Change of correspond Address form PTO/SB/1	lence address (or Change of C 122) attached.	orrespondence	agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or 2 McCLELLAND, MAIER				
☐ "Fee Address" indicat PTO/SB/47; Rev 03-02 Number is required.	tion (or "Fee Address" Indicat or more recent) attached. Use	ion form	agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.				

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(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Shionogi & Co., Ltd.

Osaka-shi, JAPAN

Please check the appropriate assignee category or ca	ategories (will not be printed on the patent);	individual	🗴 corporation or other	ner priv	ate group entity	🖸 governmen
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Ø Issue Fee	☐ A check in the amou	unt of the fee(s)	is enclosed			

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(Authorized Signature)	10 20	(Date)
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poep A Scaletta	7.009.14 24803	10018, 2004
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